



Lincoln County Health Department
Dr. Raaj Ruparel, M.D. - Health Officer

*90 Nicholls
Davenport, WA 99122
Phone (509) 725-1001
Fax (509) 725-1014*

Instructions for Birth Certificate Order Form

Carefully read these instructions before completing and submitting the Birth Certificate Order Form. Chapter 70.58A RCW and Chapter 246-491 WAC requires all applicants to be a qualified applicant, provide identity and proof of eligibility documentation, and provide required information to order a birth certificate.

Checklist for completing the Birth Certificate Order Form:

- Complete all fields on the birth certificate order form, sign, and date
- A copy of your identity document(s)
- A copy of your proof of eligibility document(s)
- Check or money order made payable to LCHD
- Send the order form, all documents, and payment to:

Lincoln County Health Department
90 Nicholls Street
Davenport, WA 99122

What is a qualified applicant?

A qualified applicant is a person who is eligible to receive a certificate.

Who are the qualified applicants for a birth certificate?

Qualified applicants for a birth certificate are: Self, Spouse/Domestic Partner, Child, Parent, Stepparent, Stepchild, Sibling, Grandparent, Grandchild, Great Grandparent, Legal Guardian, Legal Representative, Authorized Representative, or Government Agency or the Courts (only for official duties).

Are you one of the qualified applicants listed above to the birth certificate you are requesting?

If yes, continue. You will need to provide identity and proof of eligibility documentation.

****If you are not one of the listed above, STOP. You will not receive a WA State birth certificate****

What is proof of eligibility documentation?

Proof of eligibility documentation are documents that link you to the requested birth certificate.

1. If you are listed on the record and your identity documentation sufficiently links you to the record (i.e. self or parents), your proof of eligibility requirement is met.
2. If you are not listed on the record or your identity documentation doesn't sufficiently link you to the record, you must provide additional documentation to prove eligibility.

What documents will the Lincoln County Health Department (LCHD) accept to prove eligibility?

LCHD will accept the following documents to prove eligibility:

- Copies of vital records such as certifications of birth, death, marriage, and divorce from this or another jurisdiction that link you to the requested record
- Copies of certified court orders from a court of competent jurisdiction linking you to the record (i.e. legal guardian)
- Document or letter from a government agency or courts stating the certification will be used in the conduct of official duties (for government and court officials only)

View the [Proof of Eligibility \(PDF\)](#) for examples of how to prove qualifying relationship.

What identity documentation will LCHD accept?

LCHD will accept a copy of:

- **One** government issued identity document (must contain photo, full name, and date of birth) that is current or expired less than 60 days; or
- If you do not have a government issued identity document, then at least two alternate documents from the alternate list. The alternate documents must contain matching first and last names and addresses, or in combination contains full name, date of birth, and photograph.

View the list of [acceptable identity documentation](#).

What information is required?

The following information is required as it appears on the birth certificate:

- First, middle, and last name of the subject of the record
- First and last name of all parents listed on the record
- Date of birth (month, date, year)
- City or county where the birth occurred

What if I cannot provide the required documents to prove eligibility, do not have identity documents from the acceptable list, or know the required information?

If you are unable to meet the requirements, you may submit a request for an exception. This process allows the applicant to explain why you are unable to provide the required documentation or information.

What address do I put on the order form?

The address you provide on the order form must be the address you are REGISTERED to receive mail at. If that is not an option, put the name of the individual registered at the address and then put “in care of” before your name (Ex. John Doe C/O Jane Doe, 90 Nicholls Street, Davenport, WA 99122). If filling in the form by hand, please print clearly to avoid delay in processing.

What form of payment is accepted?

We accept checks or money orders for requests mailed to LCHD. Make sure your check or money order is made payable to LCHD. You also have the option to pay via credit or debit card with an additional \$2.50 card processing fee.

For more information about vital records, please visit WA State Department of Health website at: <https://www.doh.wa.gov/LicensesPermitsandCertificates/BirthDeathMarriageandDivorce>.



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APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Applicant Information	
Name of person ordering certificate:	
Mailing Address:	City and State:
Phone:	Email:

To receive a birth certificate, you must indicate your relationship to the registrant below. Your signature below indicates that you are authorized to receive the certificate.					
Select relationship: (Please circle)	Self	Parent	Sibling	Great grandparent	Authorized Representative
	Spouse/Domestic Partner	Stepparent	Grandparent	Legal Guardian	Government Agency
	Child	Stepchild	Grandchild	Legal Representative	Courts

Birth Record Details	<i>First Name (s):</i>	<i>Full Middle Name (s):</i>	<i>Last Name (s):</i>
	<i>Date of Birth:</i>	<i>City of Birth:</i>	<i>County of Birth:</i>
	<i>Parent/Mother First Name (s):</i>	<i>Parent/Mother Middle Name (s):</i>	<i>Parent/Mother Last Name (s): (Prior to first marriage)</i>
	<i>Parent/Father First Name (s):</i>	<i>Parent/Father Middle Name (s):</i>	<i>Parent/Father Last Name (s):</i>

Signature (Applicant):	Date Signed:
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FEES: (addtn'l credit card fee of \$2.50)						FOR OFFICIAL USE ONLY:	
Total number of certified certificates	X	\$25	=	Date Received:	Staff Initials:		
Total number of informational copies	X	\$25	=	Certificate #:	Receipt #:		
Mailing fee (per certificate)	X	\$3	=	Request #:	Date Picked Up/Mailed:		